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## \*BIBDATASHEET\*

CONFIRMATION NO. 8043

Bib Data Sheet

|                             |                                   |              |                        |                                |
|-----------------------------|-----------------------------------|--------------|------------------------|--------------------------------|
| SERIAL NUMBER<br>10/654,662 | FILING DATE<br>09/03/2003<br>RULE | CLASS<br>222 | GROUP ART UNIT<br>3754 | ATTORNEY DOCKET NO.<br>ALP7026 |
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### APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *Non*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *Non*

### IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/06/2004

|  |                           |                        |                       |                            |
|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>IL | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>27 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                       |                            |
| Verified and Acknowledged <i>Examiner's Signature</i> <i>Initials</i>  |                           |                        |                       |                            |

### ADDRESS

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### TITLE

Disposable single-use container with indicia bearing portion

|                                |   |  |
|--------------------------------|---|--|
| FILING FEE<br>RECEIVED<br>1006 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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